Health Canada Santé Canada

Smoking Cessation in the Workplace

A Guide to helping your employees quit smoking

Canada

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Our mission is to help the people of Canada
maintain and improve their health.

Health Canada

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Table of Contents

Section I: Introduction 1

What Is This Guide About? 1
Who Is This Guide For? 1
For What Types of Workplaces and Workers? 1
Tobacco Control Policies and Other Workplace Wellness Initiatives 1
How This Guide Was Developed 2

Section II: The WHY, WHO and WHAT of Quitting Smoking in the Workplace 3

WHY Should Employers Be Involved? 3
WHO Smokes and Who Wants to Quit? 5
WHAT Are the Options for Employers Who Want to Support Their Employees to Quit Smoking? 5

Section III: The HOW of Quitting Smoking in the Workplace 12

Section IV: Resources 20

Health Canada 20
Resources for Youth 21
Provincial Quit-Lines 21
National and Other Organizations 22

Section V: Tools for Employers and Others Who Promote Healthin the Workplace 23

Employee Needs Assessment: Smoking Cessation in the Workplace 24
Estimating the Cost of Smoking in Your Workplace 25
Smoking Cessation in the Workplace: Comparing the Different Approaches 26
Checklist for Assessing Smoking Cessation Programs 27
Evaluation Tool 28

Section VI: Handouts for Employees 29

Health Benefits of Quitting Smoking 30
10 Ways to Help a Friend Quit Smoking 31
Dealing with Withdrawal 32
Dealing with Cravings 33
Tips for Cutting Down or Quitting Smoking 35
Slips and Relapse – Learning From Them and Getting Back on Track 36
The Five Stages of Quitting 37
What Would You Buy? 38
Top 10 Reasons to Stop Smoking 39

Section VII: References 40

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Introduction

What Is This Guide About?

This guide is for employers and others who promote health in the workplace. It outlines the reasons why workplaces should get involved and support employees' efforts to cut down or quit smoking. It also provides practical, relevant material on smoking cessation that can be used either as part of a comprehensive wellness program or as an initiative on its own. The kinds of smoking cessation activities that can be offered are explained, the necessary steps are outlined, and handouts, tools and a list of further resources and references are also included.

Who Is This Guide For?

This guide is for **employers** who want to help their employees quit smoking. It is also for any **workplace leaders** such as **union representatives**, **workplace health promotion** or **occupational health representatives**, **human resource managers**, and **employee assistance program representatives**.

For What Types of Workplaces and Workers?

The guide is for all types of workplaces – small, medium, and large, public and private sector, unionized and non-unionized, and any type of industry or sector. It is also for all types of workers – men and women of various ages who have different levels of education, experience and training, and who may be full-time, part-time or casual employees.

Tobacco Control Policies and Other Workplace Wellness Initiatives

This guide builds on the information available in Health Canada's *Towards a Healthier Workplace: A Guidebook on Tobacco Control Policies*, designed to help employees and employers who are creating or strengthening tobacco control policies in their workplaces. This guide can also complement workplace wellness initiatives that are already taking place or that are being developed. Smoking cessation is one factor that will greatly improve employees' health. Workplace wellness initiatives can also support employees to make healthy choices around physical activity, nutrition, work-life balance, mental health and a variety of other factors.

A Snapshot of Canadian Businesses

As of June 2002, there were 2.2 million small and medium size enterprises in Canada. Of Canada's one million businesses that employ one or more people:

- 75 percent have fewer than five employees
- 22 percent have five to 49 employees
- 3 percent have 50 to 99 employees
- 2 percent have 100 to 500 employees.

Tip: To find out about the types of businesses in your area, contact your municipal planning department.

Did You Know?

The dangers of smoking and second-hand smoke
In Canada, tobacco use is the greatest preventable cause of illness, disability and premature death, causing more than 45,000 deaths per year. As well, links between health problems such as cancer, heart disease and respiratory disease, and exposure to second-hand smoke are well established. Tobacco smoke contains more than 4,000 substances, of which more than 50 are known to cause cancer.

Second-hand smoke is the most common and harmful form of indoor air pollution. Second-hand smoke – which comes off the burning end of a cigarette or is exhaled by someone who is smoking – exposes employees and customers to cancer causing pollutants. It can also interact with other occupational hazards to become even more hazardous.

Non-smoking regulations
Many workplaces have implemented smoking policies in response to new legislation. In Canada, a growing number of federal, provincial/territorial, and municipal laws are now in place to limit workplace smoking, with new ones coming into effect regularly. The 1988 federal Non-smokers' Health Act restricts smoking in federally regulated workplaces and public places such as airline flights, intercity buses, trains and transport terminals. Smoking is banned in many provincial government workplaces and restricted in others. Many workplaces also take it upon themselves to further limit or completely eliminate smoking in the workplace. Smoking is also prohibited in many private sector workplaces under provincial jurisdiction.

How This Guide Was Developed

The information in this guidebook is based on a literature review that looked at various sources dealing with smoking cessation in general, and smoking cessation in the workplace in particular. The methodology for the review included an information database search and an Internet search that was limited to research reports published after 1994. Interviews were carried out with experts in workplace health issues and tobacco cessation, as well as workplaces themselves. Feedback on a draft version of the guide was also provided by the workplace health and tobacco cessation experts and the workplaces highlighted in this guide. Refer to **Section VII: References** for a list of many of the sources from the literature review.

The WHY, WHO and WHAT of Quitting Smoking in the Workplace

WHY Should Employers Be Involved?

There are six main reasons for employers to support smoking cessation in the workplace:

- improved employee health;
- increased productivity;
- reduced costs;
- enhanced job satisfaction;
- effective setting;
- better corporate image.

Improved Employee Health

You cannot put a dollar value on good health. Good health is an invaluable resource. As an employer you need to invest in the health of your employees – they are your organization's most important asset. Employees who do not smoke take fewer sick days, go on disability less often, and are less likely to retire early because of poor health. Most people want to quit smoking.

Increased Productivity

Helping employees quit smoking is good for business. On average non-smokers take fewer sick days than smokers, and their life insurance premiums are lower. Non-smokers are more productive because they do not take the unscheduled smoking breaks that some smokers do. Also, it costs employers money to provide and maintain smoking areas for their employees, including higher cleaning and fire insurance costs.

Reduced Costs

Supporting employees to quit smoking is an investment worth its return. If employees who smoke are helped to quit, employers will see less loss of skills, knowledge and corporate memory due to premature death and early retirement. Many companies that have offered smoking cessation activities to their employees report positive results. According to the Canadian Lung Association, smoking cessation support is a sound economic investment and is especially profitable when offered over the long term (five or more years).

"From a business perspective, our employees are our most valuable asset and one of our greatest competitive advantages. We have put a lot into hiring, training and keeping our world-class employees. It is a business imperative to have them healthy, and at work."

– Bronko Jazvac, General Manager of Manufacturing Services, Dofasco, Hamilton

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The Conference Board of Canada estimates the cost each year for every employee who smokes as up to $2,565 through increased absenteeism, decreased productivity, and higher insurance premiums among other costs. Refer to **Section V: Tools For Employers and Others Who Promote Health in the Workplace** for a formula to calculate some of the costs of smoking in the workplace.

The Hard Costs of Smoking

A report from Cancer Care Nova Scotia estimates unscheduled smoke breaks cost Nova Scotia employers $208 million a year in lost wages and that smoking costs the Nova Scotia economy more than half a billion dollars annually in direct health care costs and productivity losses due to premature death and missed work days. Smoking costs New Brunswickers an estimated $120 million (2001$) annually in medical care costs, an estimated $218 million (2001$) in productivity losses due to the premature deaths of smokers, and millions more in costs borne directly by New Brunswick employers. Another national study found that smoking costs Canadians $9.5 billion each year including $2.68 billion in health care costs and $6.82 billion in lost productivity.

"Companies spend a lot of time and money on equipment maintenance, but can easily forget about human maintenance. Employees are our most important assets, and we don't want them to break down, or lose time. We began to learn that this meant avoiding accidents, but also avoiding personal crisis, health crisis, financial crisis and so on."

– Human Resource Manager, Irving Paper, Saint John from a case study conducted by the Canadian Labour and Business Centre

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Enhanced Job Satisfaction

There are many reasons for wanting to quit smoking, but health concerns are the number one reason. According to a national survey that Statistics Canada carries out for Health Canada on a regular basis, fewer people are smoking, and those who do smoke are smoking less. The majority of people who smoke want to quit. Several studies show that a large majority of both smokers and non-smokers would rather work in a smoke-free environment. Another Health Canada study shows that many smokers would welcome smoking cessation programs offered by their employers.

When employees are healthy and have a strong sense of personal well-being, there is an improvement in their morale and the overall quality of the work environment. In this environment, employees are more productive and feel a greater sense of loyalty.

Effective Setting

Workplaces and homes are the two environments that can have the greatest effect on people's health. Workplaces in particular are an ideal setting to help people quit smoking for several reasons:

- Many people spend a good part of their time at work.
- Workplaces have access to a large number of people on a regular basis. They have the opportunity to reach a high number of smokers on an ongoing basis.
- Workplaces have access to some groups that would be hard to reach otherwise, such as different minority groups, and people who do not visit doctors and other health care professionals regularly.
- Workplaces are convenient places for people to get information and support for quitting on an ongoing basis.
- Workplaces can provide the supportive social environment necessary for quitting smoking. Smokers who want to quit, and recent ex-smokers can get support from other employees, and from others who promote health in the workplace.
- Smoking bans in workplaces encourage employees who smoke to cut down or quit, and help those who are already smoke-free to stay that way.

Employers can make a difference. People try to quit when they are presented with opportunities and options, and are more likely to succeed when they have support. By providing and publicizing cessation activities, and offering a smoke-free working environment, employers and others who promote health in the workplace can help employees to quit smoking.

Better Corporate Image

Workplaces that care about the health of their employees portray a positive image within the workplace and the larger community. A better image helps to attract and keep talented workers. Workplaces that comply with non-smoking legislation are respected in the community. Those that go beyond these requirements by offering cessation support display an even greater commitment to the health and welfare of their employees. Some workplaces take a comprehensive approach to workplace health, and include tobacco reduction as part of a larger workplace health promotion strategy. Workplaces that are committed to the health of their employees become workplaces of choice.

Peer Pressure, Peer Power

Peer support is very effective. One young woman who works full-time at the Irving Paper mill in Saint John was the lone smoker in her work group that included mostly older men (many of whom were ex-smokers). The good natured and well-intentioned peer pressure they exerted was the final push she needed to take advantage of the company's cessation supports, and she was able to quit smoking.

WHO Smokes and Who Wants to Quit?

Most smokers want to quit, and among those who do quit, more than half stay smoke-free. According to tobacco surveys carried out by Health Canada in 2003:

- 21 percent of Canadians are current smokers.
- 49 percent are considering quitting in the next 30 days.
- 57 percent are considering quitting in the next 6 months.
- 64 percent of smokers tried to quit in the previous two years.
- 71 percent of Canadians work in places where smoking is completely banned.

For more information about smoking trends in Canada, refer to Health Canada's Canadian Tobacco Use Monitoring Survey (CTUMS) at *www.gosmokefree.ca/ctums*.

It is Never too Late to Quit

"Do not give up on anyone, even those who seem to be real die hard smokers." From her experience, Brenda Keenan, an occupational health nurse with Irving Paper in Saint John, New Brunswick, says that while it may seem that employees nearing retirement age will be the least likely to be interested in quitting, retirement can in fact be the incentive some people may need. People may be more apt to change their health behaviours at this time — so they can enjoy this new and well-deserved stage of their lives more.

"Employers have a profound responsibility to help people out with their health issues. They have hired the whole person and should be involved in individual health issues... Lots of people have picked up the habit at work – non-smoking bans are recent – it was often a way to socialize."

– Cathy Walker, National Director of Health and Safety, Canadian Auto Workers

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WHAT Are the Options for Employers Who Want to Support Their Employees to Quit Smoking?

The Basic Approaches and Options

Workplaces have a variety of approaches and options to help employees quit smoking. Smoking cessation supports can be offered as part of a workplace wellness program, but they can also be offered on their own. Having a non-smoking policy in the workplace not only protects employees from dangerous second-hand smoke, it also supports those employees who want to quit smoking and underlines employers' commitment to employee health. There are a variety of approaches and options for employers to help their employees quit smoking, and different combinations of approaches and options can be offered in the workplace.

The Stakes Are High with Employee Health

The Manitoba Lotteries Corporation (MLC) is not gambling on its employees' health. When the smoking bylaw was introduced in the City of Winnipeg on July 1, 2003, the casinos were in fact exempt from the ban. But, believing that employee health and wellness was a sure bet, MLC seized on the opportunity to make this positive change and it became 100 percent smoke-free with other Winnipeg businesses.

The corporation employs about 2,000 staff members, with about half of them working directly for one of the two casinos situated in Winnipeg – Club Regent and McPhillips Street Station. With other locations across the province, including a head office, MLC has a mix of full-time, part-time and casual staff in varied positions including housekeeping, food and beverage, sound and lighting, sales, warehousing, and also employs dealers, groundskeepers, and office staff. The majority of the workforce is young and a fair number of employees smoke. Before all sites became smoke-free, smoking was permitted at the casinos in designated areas of the bars, restaurants and on the general gaming floors in specified areas.

Before the smoking ban came into effect, a lot of communication took place with staff members. One of the venues for discussion included the semi-annual "Talk to Us" sessions held with the CEO that gave employees the chance to ask questions about workplace policies and direction. The ban itself, and what it would mean for the staff, including the anticipated financial repercussions to business, were all discussed. The corporation admitted that a ban would mean a drop in revenue, at least in the short term, but that it would do its best to ensure that jobs were not lost. The rationale for why the casinos were following the city's lead and imposing the voluntary ban was also spelled out: MLC wanted to protect the health of its workers and clients, and it wanted to retain its standing as a good corporate citizen within the community. The disability manager and safety consultant for the corporation says the company believes it made "a good wellness and business decision."

Cessation supports for employees allowing them to build on the opportunity presented once the ban came into effect included one-hour information sessions held at various times and in various locations to accommodate all workers. After consulting with their benefit provider, coverage for quit aids was included under the existing Blue Cross Extended Health plan. Available resources and self-help materials were promoted through posters, the company newsletter, the company intranet, in the lunchroom, at staff meetings, and at the training centre library. A wellness program was also started around the same time that was modeled on the Health Canada Corporate Health Model approach and focused on comprehensive employee wellness issues. Before the program began, an employee health needs assessment was carried out. (Refer to **Section IV**: Resources for information about Health Canada's Corporate Health Model.)

MLC was able to take advantage of the opportunity presented by the City of Winnipeg to implement a 100 percent smoke-free policy in its workplace, and at the same time further support those employees who wanted to quit smoking by offering improved benefits and options. Communications were transparent, varied, and included a variety of channels, including face-to-face meetings with management, to ensure that employees were kept in the loop every step of the way. Potentially difficult issues, such as the drop in business and the effects that could have on the workers, were not avoided as areas for discussion. Management support was also key, both for the smooth implementation of the tobacco control policy, and for the success of the larger employee wellness initiative.

The basic workplace smoking cessation approaches include:

Comprehensive – This approach involves offering programs and activities **at the workplace**. Employees can then access the supports on-site, and often during work hours.

Facilitated – This approach involves working with outside agencies to deliver programs and activities **off-site**, and providing self-help materials.

Education and Information – Providing employees with information including self-help materials. Refer to **Section V: Tools for Employers and Others Who Promote Health in the Workplace** for a detailed comparison of the various approaches, including the pros and cons identified with each.

Smoking cessation options include:

Self-help

Most people who quit smoking get information from self-help materials such as pamphlets or Web sites. Information is available from many organizations across the country including local public health departments, authorities and districts, the Canadian Cancer Society, Heart and Stroke Foundation, and Lung Association. Health Canada also has many resources for people who want to quit smoking including *On the Road to Quitting* which is available in hardcopy and can be found online at www.gosmokefree.ca. Workplaces can order self-help information and make it available to employees. Refer to **Section IV: Resources** for more information.

Brief, Professional Advice

A doctor, pharmacist or nurse can give some advice on quitting smoking as well as provide self-help material to take home. These health professionals can provide services at the workplace or off-site. Telephone quit-lines across the country also provide counselling and information. Refer to **Section IV**: Resources for toll-free quit-line numbers across the country.

Individual Counselling

Individual counselling, usually by a physician, nurse, addictions specialist, employee assistance program (EAP) provider, or quit-line counsellor can help people who smoke adapt to life without cigarettes. Counselling can be offered at the workplace or employees can be referred to services off-site, including their own family physicians or public health nurses.

Group Programs

Group programs can be offered on-site or off-site and provided by the workplace itself, a public health

Integrated and Comprehensive Approaches in Québec

Québec has drafted a tobacco reduction strategy that takes an integrated, province-wide approach and offers a variety of options. The network of community health centres in the province (CLSCs) have smoking cessation centres (centres d'arrêt tabagisme (CATS) that offer support to the public. Prescribed quit-smoking medications are now covered by the provincial drug plan. These resources are further strengthened by a telephone quit-line, quit and win contests and self-help Web sites.

Sensitive to the health and well-being of their employees, Desjardins Group has put in place a comprehensive health promotion approach, including a six-week smoking cessation program, the "Quit to Win!" challenge. Participants are encouraged to pair up with a non-smoking buddy and are offered various types of support. Another component includes a challenge where employees are encouraged to maintain a smoke-free home for a six-week period. Participants are eligible for prizes supplied by the Desjardins Group while the sponsors are eligible for prizes supplied by the province. Over two years, the company's multi-faceted formula has helped 1,055 registered participants improve their health.

department, authority or district, voluntary health agency, or community group. They usually include weekly sessions over a period of time, and can take place during or after work hours. Workplaces can subsidize these programs in whole or in part, and allow employees to attend during work hours. Spouses and other family members can also be invited to participate.

Quit-Smoking Medications

Nicotine gum and nicotine patches have been shown to help smokers quit and stay smoke-free. They are available without prescriptions. Bupropion is a prescription medication that may help reduce withdrawal symptoms and cravings. The nicotine inhaler is another option that requires a prescription. In general, people are more likely to quit smoking if they use a combination of quit-smoking medications, self-help materials and counselling or group programs. Workplace benefit plans can cover the cost of these medications for both the employees and their family members.

"In particular, in a period of anticipated growing skills shortages, those employers who pay attention to workplace health issues will have a competitive advantage over others in recruiting and retaining workers with much-needed skills."

– Canadian Labour and Business Centre

Incentives, Contests and Special Events

Offering incentives is one way to encourage employees to think about quitting smoking and to take action. Holding contests or special events, including piggybacking on those taking place in the community is another way to get people interested and involved. A smoking employee can pair up with a non-smoking buddy and both team members can be eligible for prizes. Some examples are:

- health fairs;
- lunch and learn sessions with guest speakers;
- quit and win contests;
- smoke-free homes and cars challenges;
- reimbursing employees for program costs for quitting smoking.

Hold activities in conjunction with national, provincial and community events such as:

- National Non-Smoking Week (third week in January);
- Weedless Wednesday (third Wednesday in January);
- World No Tobacco Day on May 31;
- Canada's Healthy Workplace Week (last week in October);
- National, provincial or local quit and win contests;
- Implementation of new or stricter municipal non-smoking bylaws or provincial legislation.

Tips for Success

Some workplaces have more resources than others and can offer more comprehensive cessation support. However, there are a variety of ways that employers can help their employees quit smoking and any workplace that offers cessation activities shows a commitment to employee health and wellness. There are some proven strategies that can make cessation activities in the workplace more successful:

- Use an integrated approach that includes non-smoking policies, health benefit plans, and cessation information and activities.
- Ensure broad representation by involving staff and management, different departments, union representatives, and both smokers, ex-smokers and non-smokers.
- Subsidize quit-smoking medications.
- Understand that quitting is a process. Allow employees to participate in activities and access quit-smoking medications as often as they need to make the various quit attempts often necessary to stay smoke-free for good.
- Remove as many barriers as possible around participating in activities such as cost, location and time.
- Tailor the program to your workplace, taking into consideration the needs of your employees, including accommodating shift workers and making sure written materials are language-appropriate.
- Extend cessation benefits and activities to spouses and family members.
- Take a long-term approach. This will result in long-term results and long-term benefits.

Smoking Cessation on the Curriculum at British Columbia University College

If you are attending the North Kelowna Campus of Okanagan University College you could spend up to four years studying subjects such as education, nursing, fine arts or science; thanks to the commitment of Campus Health Services, you could also learn a thing or two about quitting smoking and the effects of second-hand smoke.

There are about 3,177 students at the North Kelowna campus of Okanagan University College, and about 100 of them are employed by the college as research assistants, residence advisors, and hospitality and maintenance workers.

Campus Health Services has been hard at work to decrease smoking at the university, and it has been dealing with the issue on several fronts. As well as protecting non-smokers from second-hand smoke, the college's smoking policy supports smokers to quit or cut down by making tobacco use inconvenient. No tobacco products are sold on campus and smoking is only allowed in three outside gazebos. Campus Health works closely with facilities management and the safety committee to ensure that the policy is being followed, and enforcement takes a positive approach. A reward system is in place to encourage those who use the gazebos, with complying students receiving free coffee and beverage cards, and a chance to enter in a draw to win a gift certificate for the campus bookstore. Now that students are well aware of the designated smoking areas, their use will be more strictly enforced.

Different events are held at the campus during the year to encourage students to quit smoking. The biggest event so far was the *Great Canadian Smoke Out*, which was modeled on an initiative developed by Leave the Pack Behind in Ontario. The contest included three separate challenges, one each for smokers, casual smokers, and those who are already tobacco-free. The non-smokers were invited to join the Don't Start and Win contest. Occasional smokers were challenged to *Party without the Pack* by not smoking during the social situations where they usually smoked. *Quit for Good* was designed for regular smokers. The North Kelowna campus contest was a success with 171 participants, 12 of which were regular smokers and 17 occasional smokers.

Advertising of cessation supports was increased during the contest, and both student volunteers and paid peer health educators were on hand to lend encouragement. Posters were placed in bathroom stalls and increased signage was posted around the building entrances to reinforce the tobacco policy and highlight the three outdoor smoking areas. Students were offered the cessation supports available through Campus Health Services including quit kits containing relaxation tapes and self-help information from Health Canada, as well as Internet and other resources. Campus Health also offered one-on-one counselling services for those who want to quit smoking and quit medications were up to 80 percent covered for all staff and students. Cope kits developed for the contest included fun diversions for smokers, such as bubble gum, elastic bands, sunflower seeds and quizzes.

Education is also an approach used at the college to provide information and increase awareness of the risks associated with smoking and second-hand smoke. Georgina Lovell, author of You Are the Target, a book about the tobacco industry's marketing efforts towards youth gave several talks during the Smoke Out contest kick-off. Tobacco industry tactics are a hot topic with all students, and one that both smokers and non-smokers can discuss together.

The college environment poses unique challenges and opportunities for encouraging young people to remain or to become smoke-free. Over the course of its tobacco reduction efforts, Campus Health Services learned the importance of working with its stakeholders, such as upper management around policy development, and facilities management around issues such as signage, the construction of the gazebos, and enforcement. While it is challenging to work around the various students' schedules, student involvement is also absolutely essential. Peers talking to peers is the best way to deliver messages, to generally spread the word and to generate enthusiasm for the various events and contests. Peers have easy and constant access to other students in social settings and in places such as cafeterias and dorms. Cessation information and activities for young adults must also be fun and engaging. On its curriculum for next year, Health Services is focusing on developing leadership skills within its student tobacco team members and offering more of their volunteers a small form of payment. New activities will be developed with the campus' youthful population in mind and will therefore be fun, engaging and interactive.

Health Units and Automakers Team Up to Offer Cessation Supports in the Workplace

In Ontario, the big auto companies know where their expertise lies – in automobiles. They also know how important it is for their employees to be healthy, and how essential employee health is to their business. So they have turned to the experts in workplace wellness – their local health departments – and developed partnerships to help them make their workplaces, and their workers, healthier.

General Motors of Canada (GM) is working with Canadian Auto Workers union (CAW) and the Durham Regional Health Department on a wellness program that is being offered to all employees, retirees and their family members. The new Health and Wellness initiative provides employees with important information that can make a significant difference in their lives as well as raise awareness of the importance of developing a healthy work-life balance. The program is administered by two public health nurses from the health department and is offered at all GM locations in Ontario. There is also a wellness committee at each site and an overall steering committee that provides direction, materials, messages and support.

About six times a year, a different health-related theme is introduced through a combination of information and activities revolving around awareness raising, skill development and the need for a supportive workplace and policies. Activities are communicated to employees, family members and retirees through posters, displays, newsletters, staff meetings and health fairs. These initiatives help GM employees understand the available choices for a healthy lifestyle and how they can improve their quality of life. With the attention that has been spent on planning and helping those sites that did not already have a workplace wellness committee established, the GM – Durham partnership is looking forward to rolling out initiatives over the next year, including smoking cessation.

DaimlerChrysler Canada Incorporated (DCCI) and CAW have partnered with the Windsor-Essex Health Unit to deliver the Working Towards Wellness at DCCI program to the diverse company locations across the country. This partnership has already spawned several successful cessation initiatives.

A smoke-free cars and homes contest was held in the Windsor area where the company is headquartered, and piggybacked on a contest being held in the community; however, DCCI saw an opportunity to take the contest to a higher level for its employees, and shifted its promotion machine into overdrive. Besides the encouragement employees were getting through advertising in the community, the contest was promoted through intense advertising at work through posters, messages on pay stubs, newsletters, displays, and through DC TV, which is available throughout the plants. Employees were challenged to not smoke in their homes or cars for 30 days, and were then eligible to win substantial prizes. At the same time, the various cessation supports available to employees were promoted, including a self-help brochure, quit-line number, and list of other resources.

When the health unit first began promoting a provincial quit and win contest, it also seemed like another great opportunity for DCCI to participate. Again the Canadian automaker decided to customize the contest for its employees. The DCCI wellness program and the health unit, using the provincial contest as the prototype, manufactured a new model for its employees across the country: Get Your Butt in Gear challenged employees who wanted to quit smoking to find a buddy and stay smoke-free from March 1 until April 30, 2004. Successful participants were eligible for one of the eleven regional prizes worth $250, and the buddies of the winners also received prize packages. Again, DCCI was committed to the success of the contest and ensured that it was well promoted by designing, printing and distributing materials in both English and French to all employees and retirees. As added incentive, they supplied postage-paid envelopes for the registration forms. The various cessation supports offered by the company were publicized and to further support the employees as they quit smoking, the company offered to pay for nicotine replacement therapies such as the patch and nicotine gum, for the months of March and April.

The contest was a tremendous success. Almost 150 employees participated, and the names of the winners were published in the company wellness newsletter. Follow-up is planned to take place one year after the contest.

The partnership between DCCI, CAW and the health unit is obviously one of the reasons the cessation initiatives have been so successful. DCCI and CAW are committed to its wellness program and put the time and resources needed into ensuring its success. This includes making sure all employees and retirees receive information about each initiative, and offering all materials in both English and French. Key leaders within the company and within CAW have not only endorsed the contests, some have actually participated and quit smoking themselves. The health unit quickly learned to adapt to the requirements of its unionized manufacturing partner, and now only supplies prizes that are made in Canada by unionized workers.

Healthy Inside and Out

Smoking is a big issue for health authorities and regions across the country. These are organizations that are dedicated to promoting and supporting health and wellness within the communities they serve. Capital District Health Authority in Halifax and Calgary Health Region have tackled the tobacco issue within their own workforces and on their own properties. Both now provide a 100 percent smoke-free property, as well as offer comprehensive programs and supports for their own employees to quit smoking.

Capital District Health Authority in Halifax is comprised of 31 buildings in 14 sites including several hospitals. When it implemented a smoking ban across its worksites, it also offered comprehensive cessation support to its employees through Addiction Prevention and Treatment Services. Introductory one-hour sessions were held in all 14 sites at various times of the day to accommodate different shifts. To encourage participation, staff were given time off to attend and family members were also invited to participate. Group cessation programs are run once a week for four weeks, and again these continue to take place at different times and in different locations to allow as many staff members as possible to attend. Quit medications are supplied free of charge, but to ensure participation in the program, they are given out at each weekly session. Once they complete a program, participants receive ongoing support through follow-up letters, posters, newsletters, and e-mail messages, and they are always welcome to rejoin a group session.

Evaluations revealed that the programs were well received and have made a difference. After six months, 31 percent of the approximately 500 employees who participated were not using any tobacco, and 42 percent had cut down.

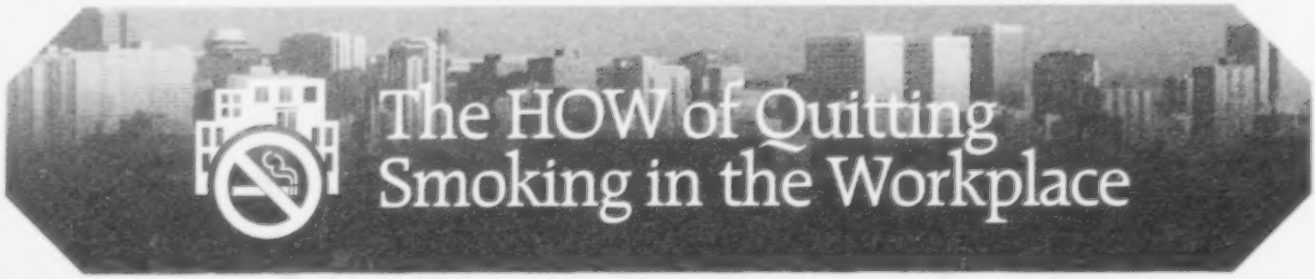
The health authority has expanded its programs and now offers them to the public, including workplaces. The programs are advertised in the community and between three and seven are run every month in different locations, depending on demand. Initial success has been attributed to the fact that there is one central contact point for the public, a menu of programs are offered, and tobacco use is viewed as a health issue, not a moral issue. Another important component that creates the supportive environment needed for employees who want to quit smoking is that only workplaces that are 100 percent smoke-free, or are working towards this ideal, are eligible to participate.

In Calgary, the health region was busy trying to convince the city to think about implementing a smoke-free bylaw. But at the same time, they were receiving complaints from the public who had to walk through clouds of smoke to enter health facilities. Wanting to be a leader and role model to other health regions, Calgary Health Region decided to implement a smoke-free property policy that applied to all staff, patients and visitors, and was extended to home visit situations. The policy was phased in over two years, and as it became stronger the cessation supports offered to employees were expanded.

Calgary Health Region put in place several measures to help its employees quit smoking. The staff benefits package, which is also available to family members, increased its cessation coverage from a lifetime maximum of $200 to $3,000. A partnership was struck with the Tom Baker Cancer Centre to offer group cessation programs, with the health authority contributing three-quarters of the $100 fee for staff. Employees are allowed to participate in programs as often as they need. Cessation resources have been communicated through newsletters, pay stub attachments, cafeteria tent cards and staff recruitment packages. Selfhelp information, a 1-800 smoker's help line, community resources and counselling program contacts are also available for employees.

A baseline staff survey showed that the smoking rates before the policy and increased cessation supports were put in place were already low at 8 percent. A follow-up survey two years later revealed a slight decrease in smoking rates, but it also showed that employees that still smoked were smoking much less on work days than on their days off.

The reduction in tobacco use at Calgary Health Region can be attributed to the comprehensive programming and smoke-free property policy, cessation supports that allow multiple quit attempts, and how the issue was framed to employees. Those who smoked were not told to stop smoking, but instead were asked not to smoke on health region property, and it was communicated that resources and support were available for those who wanted to quit.



The HOW of Quitting Smoking in the Workplace

Carrying out smoking cessation activities in the workplace can be complex. The practical steps needed to successfully plan, develop, communicate and implement cessation activities are outlined below.

Understand the Process of Quitting Smoking

Smoking is a serious addiction and quitting is a difficult process. Most people make **four or five quit attempts** and may use a variety of methods before they quit for good. These attempts are an important part of the journey to becoming smoke-free. **An attempt is not a failure.** Smokers learn more about quitting each time they try, and the fact that they have tried to quit before increases the chances of them eventually quitting for good. If employees are supported each time they try to quit smoking they have a much better chance of getting quit and staying quit.

Adopt Positive Values

Workplaces that offer wellness activities already show they are committed to improving their employees' health. Cessation activities that are built on the following values can be more effective and more attractive to all employees:

- Open communications. Keep employees informed at all times. Let them know in advance if any policies or activities are being introduced or changed. Also, explain why and how policies are changing.

The Stages of Quitting Smoking

Most people go through five stages in the quitting process:

1. **Pre-contemplation** – At this stage they are not thinking about quitting smoking in the near future.
2. **Contemplation** – They are beginning to seriously think about quitting smoking in the near future (next six months).
3. **Preparation** – At this stage most people have tried to quit smoking at least once in the past year, and they are thinking about quitting again within the next month.
4. **Action** – Real steps are being actively taken to quit smoking. This is the stage where a slip is most likely to occur.
5. **Maintenance** – Smoke-free but not quite home-free. During this final stage people are better able to avoid returning to smoking and they also know that a slip at this point is not a failure, but a mistake they will learn from and get past.

People can move from one stage to another in order, but they can also move back and forth between the various stages before they quit for good. Again, a slip is not a failure, but an important part of the learning and quitting process. Most smokers try to quit several times before they succeed and the chance of success increases every time they try to quit.

Refer to **Section VI: Handouts for Employees** for a handout that helps people identify which stage of the quitting process they are at.

- **Respect.** Be respectful of employees' concerns and ideas.
- **Inclusiveness.** Include employees in the decisions and the discussions. Keep them informed and encourage them to participate. Encourage both smokers and non-smokers to voice their opinions.
- **Non-stigmatizing.** Use an approach that does not label or stigmatize smokers, and does not make non-smokers feel left out.
- **Privacy and confidentiality**. Respect the privacy and confidentiality of smokers who want to take advantage of any cessation supports offered in the workplace.

"With small businesses, family-friendly practices are far more informal than those based on formal policies. When we talk about culture in a small business environment, it tends to be based on a sense of leadership, values, beliefs and principles. Some of it is based on return on investment, but for many, it's also a sense of what's right, what's fair. Employers need to know in a very immediate way that how they treat their employees matters."

– Dr. Donna Lero, Co-Founder, Centre for Families, Work and Well-Being

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Develop a Plan

Once the decision has been made to support employees to quit smoking, you need to develop a plan that details:

- **Goals and objectives** – what you want to achieve and why.
- **An inventory of available resources** – include what is available in the workplace and in the community.
- **A needs assessment** – ask employees what they want.
- **Who is involved** – identify the organizers and the target audience you want to reach.
- **Activities** – what you are going to do and when.
- **Communication** – including to whom, how often, and how.
- **Evaluation** – looking at whether you have met your goals and objectives.

Draft Goals and Objectives

Setting down goals and objectives will make clear to everyone what you are trying to achieve and why. They will also help in the evaluation process to gauge the success of the cessation supports, and help you improve them in the future.

SMART objectives are ones that are:

- Specific;
- Measurable;
- Attainable;
- Realistic;
- Timely.

Make an Inventory of Available Resources

This can include the budget you have for cessation activities, the time you can allot to it, and the people who will be able to help. If your workplace offers a benefit plan, check what it already offers and get in touch with your provider to see what else they can offer.
Also look into what is offered in the community, for example through community health centres, public health department, authority or district, hospitals and other organizations. Refer to **Section V: Tools for Employers and Others Who Promote Health in the Workplace** for a checklist for assessing smoking cessation programs.
Health Canada and other national and provincial health organizations offer a variety of resources for people who want to quit smoking. Quit-lines across the country also offer support for smokers and their friends and family members through trained cessation specialists, at no cost. Refer to **Section IV: Resources** for a list of the quit-line numbers across the country.

Conduct a Needs Assessment

Before you decide what you want to do, you should get a feel for what employees want. You may already know from other surveys, needs assessments, or informal discussions that smoking cessation is high on the priority list at your workplace. What you may not know is

what stage employees are at in the quitting process, or how they would like to quit. A needs assessment will help you find out more about how motivated employees are to quit, what will help them quit, and what they feel is standing in their way. Include questions for all employees, with some targeted specifically at non-smokers, and some at ex-smokers and smokers. For small workplaces, a needs assessment can be conducted through a staff meeting or other discussions.

Refer to **Section V: Tools for Employers and Others Who Promote Health in the Workplace** for a sample needs assessment. You can offer an incentive, such as a draw for a prize or other token reward to encourage all employees to participate in the survey. Also refer to the Health Canada document *Workplace Health – Discovering the Needs*, a guide for planning a needs assessment for workplace health programs. It is available at *www.hc-sc.gc.ca/hecs-sesc/workplace/publications/workplace_health/cover.htm*.

Decide Who Should be Involved

Everyone in the workplace should be represented in discussions around planning, developing, and implementing wellness activities. This will ensure that more people will support the activities and more people will participate. Setting up a committee to plan, manage activities and events, deal with volunteers, and communicate with employees is an effective way of ensuring any wellness initiative is a success. You will need to build a commitment with management, staff and labour groups, and identify champions and influential leaders to help get others on board. In small workplaces, all employees can be involved. In larger workplaces, try to involve the following (where appropriate):

- Management – Although initiatives do not have to be driven by management, it is important for them to be involved from the beginning;
- Unions;
- Different departments and/or groups of workers;
- Smokers, ex-smokers and non-smokers;
- Workplace wellness and health and safety representatives or medical staff;
- Human resources;
- Employee assistance program (EAP) representatives.

Choose Your Activities

Choosing your activities will depend on a variety of factors, including:

- How motivated employees are to quit smoking. If many employees are not that interested in quitting smoking, more work may need to be done around information and education before group programs and quit medications are introduced.
- The information gathered at the needs assessment stage, including the support employees have identified.
- Available resources. Make sure you have the people, time and budget to do what you want to do. Remember that many activities can be done for little cost. Refer to **Section IV: Resources** for agencies and organizations that may be able to help.

"Smoking bans are the biggest challenge we have ever faced. The quit rate goes from 5 percent to 21 percent when smokers work in non-smoking environments."

– handwritten Philip Morris memorandum, Bates No. 2054893642

Smoking cessation activities and support can be offered on their own, but it is preferable if they are part of a larger wellness initiative. It is especially important to establish a strong tobacco control policy in the workplace to provide the supportive environment necessary for employees to quit smoking. All smoking paraphernalia such as ashtrays should be removed from the workplace. For information on how to implement a new non-smoking policy in the workplace, or to strengthen an existing one, refer to Health Canada's *Towards a Healthier Workplace: A Guidebook on Tobacco Control Policies*. For information on how to implement workplace wellness initiatives, refer to

Health Canada's Workplace Health System. Refer to **Section IV: Resources** for information on how to obtain these and other resources.

Communicate Well

When it comes to smoking cessation and other wellness initiatives, communication is extremely important for generating interest and encouraging employee participation. The following tips will help you communicate effectively and get your messages out.

Do it often and do it early. Make sure employees know about any changes to smoking policies and smoking cessation activities well in advance so they can plan, and keep employees informed every step of the way.

Communication is a two-way activity. Encourage employees to get involved, allow them to participate in the discussion and listen to their opinions. Provide a forum or venue to solicit feedback.

Use a variety of channels. Take advantage of various channels to communicate information about the benefits of quitting, and about what cessation supports are available to employees. Large workplaces will have more options, but even small workplaces can take advantage of different means of communication, including:

- word-of-mouth;
- managers;
- staff meetings;
- posters;
- written materials in staff and lunch rooms;
- e-mail;
- employee newsletters;
- workplace intranets.

Evaluate

There are a number of good reasons to evaluate cessation activities:

- to assess the effectiveness of the activities;
- to identify ways to improve the activities;
- to justify future activities.

Keeping Everyone in the Loop

When the non-smoking bylaw went into effect in Ottawa in 2002, it was met with mixed reviews from the hospitality industry. Eugene Haslam, owner of Zaphod Beeblebrox, a popular live music venue and dance club in downtown Ottawa, came out publicly in favour of the bylaw. He discussed the issue first with his staff members. Then the message communicated from him and his staff to their customers was that the club was going to comply with the bylaw 100 percent because it was the right thing to do. The acceptance projected by Eugene and his workers set the tone and now not smoking is the new norm at the club. The policy also gave several staff members the final nudge they needed to quit smoking.

There are three different types of evaluations:
Formative evaluations – These are used for planning and include the needs assessment survey described earlier in this section. Refer to **Section V: Tools for Employers and Others Who Promote Health in the Workplace** for a sample employee needs assessment.

Process evaluations – These focus on activities that are underway, and can help you make adjustments to your initiatives. Use a process evaluation to gather employee feedback on the activities, resources, and support offered. Try to get feedback from smokers and non-smokers, management, and labour representatives. Refer to **Section V: Tools for Employers and Others Who Promote Health in the Workplace** for a sample process evaluation.

Summative evaluations – These try to answer the questions: "Did the activities make a difference?" and "Did the activities meet the goals and objectives?" This type of evaluation can track the number of employees who participate, track the quit rates at three months, six months and one year, and help you develop a cost-benefit analysis that looks at changes in absenteeism, increases in productivity, decreases in disability claims and insurance costs, and improved employee satisfaction and health.

Deal with Barriers

You may be faced with some challenges around cessation in the workplace. The following are some barriers you may face and some strategies for dealing with them.

Some employees are not ready to quit smoking

- Some employees will be in the pre-contemplation stage in the quitting process – they won't have any intention of quitting smoking in the short term. And although this means they may not take advantage of the cessation activities and benefits that are offered in the workplace, they can still be supported to start thinking about making changes in their smoking habits. Non-smoking policies in the workplace help people cut down by providing fewer opportunities to smoke. Having information readily available can also help get people thinking about quitting.

- Cessation information, including contests and self-help material that is readily available can encourage people to start thinking about quitting smoking. Refer to **Section IV: Resources** for organizations that distribute self-help and other materials.

- Peer support. Watching other employees as they quit smoking with the help of peer support can be encouraging to smokers.

What about employees who live with smokers?
Supporting employees in the workplace will help them quit smoking, but if they have family members who smoke at home, it will be more difficult for them to quit. Offer the same cessation supports and benefits to household family members.

What about managers who are not supportive?
Immediate supervisors are the gatekeepers when it comes to many workplace activities. Make sure managers are on board, because if they are supportive of wellness initiatives, staff members are more likely to participate.

Smoking at the workplace
Workplaces that allow smoking, even in designated areas, send a mixed message. A smoke-free environment helps employees cut down or quit smoking.

"The biggest thing we can do to help people stop smoking is to make it less convenient for them, and one of the ways to do this is to make workplaces 100 percent smoke-free."

– Neil Mackenzie, Manager,
Chronic Disease and Injury Prevention,
Windsor-Essex County Health Unit

Steel Manufacturer Makes Strong Commitment to Health

The Dofasco slogan is catchy and clever: "Our product is steel. Our strength is people." It sounds good, it speaks to their business, and it is not just an empty catch phrase – they really mean it.

Dofasco, located in Hamilton, Ontario, is a very successful company. In terms of financial success, it is one the most profitable steel producers in North America. Named one of the world's most sustainable companies by the Dow Jones Sustainability World Index for five consecutive years, it continues to win industry awards year after year. This partly sums up the "product" part of the slogan.

On the people side, things are looking good as well. Dofasco has been named one of the 50 best employers in Canada three years running by Report on Business magazine, as well as one of Canada's top 100 employers by Maclean's magazine, and it received a Healthy Workplace Award from the National Quality Institute.

The company was not always so healthy. In the late 1980s the steel market began to change and by the early 1990s the company was losing money and was in debt. A restructuring took place that changed the way it did business – and these changes affected both its products and it employees. Dofasco put a new emphasis on employee engagement and developed a core set of values that included health and safety and stressed that "nothing is more important than the health and safety of our people." Although emphasizing health and safety was not an entirely new strategy, the company was about to take it to an unprecedented level.

With an end goal in mind of setting up a lifestyle program, the company decided to first undertake a health audit. The results of the audit revealed a number of health issues, and showed that employees who were smokers and were overweight missed more work days than those who were not. When examined later, it was also found that there was a relationship between these (and other) factors and safety.

Today Dofasco has a comprehensive lifestyle program and a lifestyle resource group. Smoking cessation has been front and centre on the agenda and the decreased smoking rates bear out this commitment. In 1993, 35 percent of the workforce smoked, in 1998 the rate was 30 percent, and as of 2003 the number of smoking employees had dropped to 27 percent.

A smoke-free policy that extends to enclosed buildings and company vehicles was implemented a full year before the City of Hamilton smoke-free bylaw came into effect, and it provided many employees with the opportunity they needed to quit smoking. Voluntary health screening, including carbon monoxide testing, has also given a positive push to many smokers thinking about quitting.

Group cessation programs are offered on-site, and those who are on regular day shifts can attend during work time. The group program includes six classes over three weeks, and is delivered by in-house trainers. As soon as there are enough participants a new session is started, and employees are welcome to participate as often as they wish. Spouses are invited to participate with employees, but not on their own. One-on-one counselling and support from employee volunteers with the lifestyle resource committee is also available for those who want to quit smoking. Cessation information is always available from the lifestyle program and is included at health and safety training days throughout the year, and at the annual health and safety fair by both the company and through community agencies such as the Canadian Cancer Society. Every January, tobacco is the health theme and cessation resources and supports are highlighted around the Dofasco complex, as well as on bulletin boards and the company Web site.

The lifestyle programs at Dofasco have been very successful in general, including the smoking cessation initiatives in particular, as witnessed by the decrease in smoking rates over 11 years. Many factors have contributed to this success, starting with the fact that health and safety are recognized as core values within the company, and they have become part of its everyday culture. And while the initiatives are supported by management, they are not management driven – the employees are involved every step of the way. The cessation programs are sustainable, they run often, and employees can participate as often as needed to accommodate the various quit attempts they may make on their smoke-free journeys. One-on-one counselling and support is always available – for those waiting for a program to begin, for those in the quitting process or for those who have already quit. The tobacco control policy that does not allow smoking in company buildings and vehicles further strengthens employees' motivation to quit and to remain smokefree.

Good Long-Term Forecast at Irving Paper: Business and Employee Health on the Rise

Businesses are used to seeing fluctuating numbers – they like to see them go up, but with some numbers, down is good too. While watching production and profits increase over a five year span, Irving Paper has also seen smoking, short-term disability and absenteeism rates among its employees decrease dramatically.

Irving Paper is a private, family-owned company, and is part of J.D. Irving Limited. A mill site producing newsprint and specialty papers 24 hours a day, seven days a week, Irving Paper is located in Saint John, New Brunswick. The mill employs about 400, including union and non-union employees, and both salaried and hourly employees. Co-op students are employed year-round, and each summer, about 30 students are hired on.

Since it bought the mill in 1964, Irving Paper has been investing in its machinery, technology, and workforce. It has not only spent time and money training employees in workrelated areas (including literacy), but it has made a strong organizational commitment to employee safety, health and wellness by incorporating them into its core principles. This investment has paid off as the company has seen marked improvement in production and continues to be a leader in the industry.

This new approach to health and wellness in the workplace has resulted in the formation of a wellness committee that includes union and non-union workers and the on-site occupational health nurse. The committee plans its activities a year in advance and each month focuses on a different theme, alternating between health and safety issues. The wellness program includes activities that support healthy lifestyle behaviours such as nutrition, physical activity and smoking cessation.

Although the mill follows the general corporate guidelines set out for the larger company, it is one of the more advanced sites in terms of the wellness initiatives it offers. Smoking is allowed in designated areas only, and these are located both inside and outside. The indoor areas are well marked but they are not enclosed or separately ventilated, and the outside areas are also well identified.

Cessation information and supports are offered in various forms and to all employees, including co-op and summer students, and employees' household family members. One-on-one tobacco counselling is available through medical services, and is offered during individual employee health assessments. The company subsidizes 100 percent of the cost of whatever cessation supports employees choose, and there is no limit to the number of quit attempts or restrictions on the combination of supports chosen. Information is available regarding the different resources and options available in the community including group programs, self-help materials, counselling and quit medications such as nicotine gum or the patch.

To communicate any wellness information, Irving Paper employs a variety of channels and vehicles. Information around the effects of tobacco and the benefits of quitting is communicated through newsletters, posters, bulletin boards, wellness fairs, and quarterly crew meetings that include health and safety education sessions. The crew meetings happen during company time and each one is run 12 times to ensure all workers from all shifts can attend.

Health data is tracked throughout the year (cessation data is gathered monthly) and an employee needs assessment is performed every few years. Smoking rates at the mill have decreased to well below the provincial average from 26 percent in 1997, to 13 percent in 2002. Other measurable improvements since the commitment to employee wellness at Irving Paper include a decrease in absentee rates over five years and an almost 50 percent decrease in the short-term disability claims over the same period. This is the kind of concrete information the occupational health nurse uses to justify the lifestyle activities to management year after year.

A variety of factors have influenced the achievements in the area of employee health and wellness, including cessation. Hardsell tactics are not used. Instead, employees are offered the facts around health issues and are told that support and information is available to them. A special attempt is made to make sure information around cessation is always available as it is important to get to people at the right time – when they are motivated and ready to quit. Fun is an important element in some of the activities, for example, friendly team competitions are used to get people involved and challenged. Incentives such as prizes, certificates and posting the names of participants (if they wish) also promote a sense of fun and encourage participation. All employees are offered the same unrestricted level of supports that accommodate any number of quit attempts. Household family members are also included as the health of the individual members influences the overall health of the family.

Shipshape Smoking Supports at Secunda Marine

There is a sea of change taking place at Secunda Marine Services in Dartmouth, Nova Scotia. Management and staff at this privately owned offshore support and subsea cablelaying business are taking steps to make a positive change in the health of all employees, including by reducing tobacco use.

There are a variety of diverse sites within the company including a corporate office and a warehouse within a gated compound in Dartmouth, and 16 sea-faring vessels. At peak business, with all ships working, the company employs about 350 non-union employees.

The smoking policies in the company vary between the three different types of sites, and the intention is to work towards a smoke-free workplace. Currently, smoking is allowed in the corporate office building in an enclosed, separately ventilated room. There are two company trucks, one of which is smoke-free. In the warehouse, there is a designated smoking area, but it is not enclosed. Smoking is not allowed outside within the gated compound because of the types of materials stored on the property. On the ships, designating smoking areas is left to the individual captains, but in most cases, there is one indoor and one outdoor area. When setting policies, Secunda faces the unique situation of having to consider that its ships' crews are on duty 24 hours a day for 30 days at a time. Many of the decisions made on board, from smoking policies to menu choices have a much greater impact on crew members than they would for regular landlubber employees who can leave work at the end of the day.

Employee wellness has jumped to the top of the priority list at Secunda Marine due to the results of a pilot project it participated in with the Heart and Stroke Foundation of Nova Scotia. Along with two other firms, some of Secunda's employees took part in physical health testing that looked at areas such as weight, cholesterol levels, and smoking. Employees were given a health score and areas of concern, such as risk factors for heart disease and cancer, were noted. The resulting snapshot of the Secunda workforce was a bit shocking, showing smoking rates well above the provincial average. The company then decided to carry out health testing for all its employees to get a full health assessment. Tobacco cessation was chosen as the priority issue that could have the greatest positive impact on employee health. Other areas highlighted included nutrition (especially in terms of the meals served on the ships) and physical activity.

Although some wellness activities, including cessation support, have taken place in the past, they had been done "off the side of someone's desk" – as an add-on to his regular duties. A workplace health and wellness company has been hired to help Secunda carry out a wellness program. A wellness committee has been set up with a membership that reflects the make-up of the company and while there is senior management representation, it is not management driven.

Improving employee health has become so fundamentally important to the company that wellness indicators have been written into the yearly goals and objectives it is required to draft for its ISO 9000 certification. Among the 10 objectives that typically include aims such as avoiding environmental spills and lost-time accidents, one directly relates to a decrease in employee tobacco use.

Cessation supports being put in place include a $450 lifetime maximum for cessation activities or medications, stop-smoking seminars, and wellness corner displays set up in the offices and on board the ships.

The company fully acknowledges that smoking is a difficult addiction to break, and some of the employees have been with Secunda since it was established in the 1980s, thus making change seem all the more daunting. The marine environment also poses the additional challenge of being more accepting of smoking than the general public. However, the company is 100 percent firm in its commitment to helping its employees quit smoking. To do this, Secunda, through its wellness committee, is going to work hard with the workplace health consultants it hired to ensure the necessary supports are in place. The company is also going to take advantage of the change of attitude taking place within the marine environment towards tobacco use, and the change in workforce as younger employees come on board.

Also refer to **Section VII: References** for further background information about smoking cessation in the workplace, including other Health Canada references.

Health Canada

Health Canada offers a range of smoking cessation and other health promotion resources which are available online at www.gosmokefree.ca. Hard copies can also be ordered through the Web site.

Health Canada Smoking Cessation Resources

On the Road to Quitting – This guide for smokers who want to quit is available in booklet form and online. It includes information about nicotine addiction, the health benefits of quitting smoking and dealing with stress, and it outlines practical steps for quitting. Strategies for dealing with relapses, slips, cravings and withdrawal are also outlined. It is available online at www.gosmokefree.ca.

Towards a Healthier Workplace: A Guidebook on Tobacco Control Policies – This guidebook outlines the importance of workplace tobacco control policies and the practical steps for implementing them with case stories from workplaces across the country illustrating concrete examples. It also includes practical tools for employers and handouts for employees. It is available online at www.gosmokefree.ca.

www.gosmokefree.ca – This Health Canada Web site contains comprehensive tobacco information including health effects of smoking and second-hand smoke, quit resources, Canadian smoking trend data, and information on the tobacco industry. Resources for professionals and the general public are available, including specific resources for youth.

Other Health Canada Resources

Corporate Health Model – A Guide to Developing and Implementing the Workplace Health System in Medium and Large Businesses. This guide provides an outline of the steps required to develop and implement a Workplace Health System using the Corporate Health Model. A workplace health system refers to the process of developing a comprehensive health program to help employees maintain or improve their health. It outlines the steps necessary to plan, develop, and implement a workplace health system. It is available online at www.hc-sc.gc.ca/hecs-sesc/workplace/publications and copies can also be ordered through the Web site.

Workplace Health – Discovering the Needs. This guide was developed for use by committees or coordinating groups to plan a needs assessment for workplace health programs. It is available online at http://www.hc-sc.gc.ca/hecs-sesc/workplace and copies can also be ordered through the Web site.

Canadian Tobacco Use Monitoring Survey (CTUMS). A national survey of over 20,000 Canadians, it is designed to provide timely, reliable and continual federal and provincial access to important information related to tobacco use in Canada, especially for populations most at risk for taking up smoking, such as 15- to 24-year-olds. Since

February 1999, CTUMS has provided six-monthly and yearly data on changes in smoking status and amount smoked, both nationally and provincially. CTUMS is conducted by Statistics Canada on behalf of Health Canada. CTUMS is available at www.gosmokefree.ca/ctums.

Resources for Youth

Quit4Life – Health Canada's *Quit4Life* is designed to help Canadians between the ages of 12 and 18 quit smoking, including those who smoke occasionally. Using a four-step plan, the program helps build motivation and confidence and outlines tips for dealing with roadblocks and stress. It is available online at www.quit4life.ca, or as a booklet.

SMOKE-FX is a Web site that includes Ontario resources, tobacco quizzes, email postcards, fact sheets, and an advocacy tool kit. It is available at www.smoke-fx.com.

The *TeenNet Project* is a University of Toronto Web-based research project that includes young people from diverse backgrounds in all stages of design, development, and dissemination. The main site is available at www.teennetproject.org and there are individual project sites such as CyberIsle (www.cyberisle.org) that includes health information, online discussion groups, links and games;

Smoke Free World (www.smokefreeworld.com) that focuses on tobacco and globalization;

Smoking Zine (www.smokingzine.org), a multilingual, five-stage, interactive smoking prevention and cessation resource for smokers and non-smokers.

Allumelagang.com is a French language youth-oriented Web site that includes cessation information, resources, a discussion forum, interactive games, and links. It is available at www.allumelagang.com.

Provincial Quitlines

Quit-lines offer support for smokers who want to quit, may be thinking of quitting, have quit and need support, or enjoy smoking and do not want to stop. Trained cessation specialists can help them develop a structured plan, answer their questions and refer them to other smoking cessation services in their community. They can also provide support for family and friends who want to help a smoker. Self-help materials can be ordered through quit-lines and there is no charge to use quit-line counselling services.

Newfoundland and Labrador residents
1-800-363-5864

New Brunswick and Nova Scotia residents
1-877-513-5333

Prince Edward Island residents
1-888-818-6300

Quebec residents
1-888-853-6666

Ontario residents
1-877-513-5333

Manitoba and Saskatchewan residents
1-877-513-5333

Alberta residents
1-866-332-2322

British Columbia residents
1-877-455-2233

Yukon residents
1-800-661-0408 local 8393

Nunavut residents
1-866-877-3845

Residents of the Northwest Territories should contact their local public health unit.

National and Other Organizations

For further information and resources on smoking cessation, please contact any of the following:

Canadian Cancer Society
Tel.: (416) 961-7223
Email: ccs@cancer.ca
Web site: www.cancer.ca

Canadian Centre for
Occupational Health and Safety
Tel.: 1-800-668-4284
Email: clientservices@ccohs.ca
Web site: www.ccohs.ca

Canadian Labour Congress
Tel.: (613) 521-3400
Email: health&safety@clc-ctc.ca
Web site: www.clc-ctc.ca

Canadian Lung Association
Tel.: (613) 569-6411
Email: info@lung.ca
Web site: www.lung.ca

Heart and Stroke Foundation of Canada
Tel.: (613) 569-4361
Web site: www.heartandstroke.ca

National Clearinghouse on
Tobacco and Health
Tel.: (613) 567-3050 or
Toll-Free: 1-800-267-5234
Email: info-services@cctc.ca
Web site: www.ncth.ca/NCTHweb.nsf

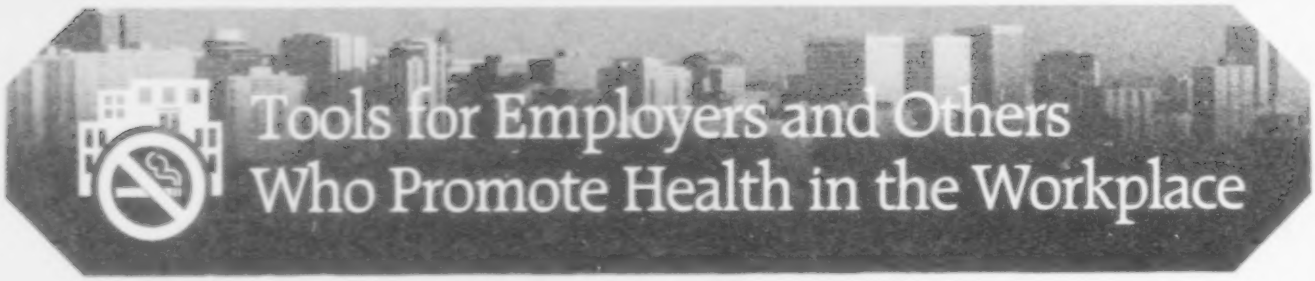
Non-Smokers' Rights Association
Tel.: (613) 230-4211
Email: ottawa@nsra-adnf.ca
Web site: www.nsra-adnf.ca

Ontario Tobacco Research Unit
Tel.: (416) 595-6888
Email: otru@camh.net
Web site: www.camh.net/otru

Physicians for a Smoke-Free Canada
Tel.: (613) 233-4878
Email: ccallard@smoke-free.ca
Web site: www.smoke-free.ca

Conseil québécois sur le tabac et la santé
Tel.: (514) 948-5317
Email: info@cqts.qc.ca
Web site: www.cqts.qc.ca

Resources are also available by contacting the public health department, authority or district in your area.



Tools for Employers and Others Who Promote Health in the Workplace

These tools are to help employers and others who promote health in the workplace as they plan, develop and implement cessation activities for their employees. You may adapt them to suit your particular needs.

Employee Needs Assessment: Smoking Cessation in the Workplace

This is a sample employee needs assessment for gathering information about how workplaces can help employees quit smoking.

Estimating the Cost of Smoking in Your Workplace

Using a formula developed by the Conference Board of Canada, this tool outlines how you can estimate the cost associated with smoking in the workplace in terms of increased absenteeism, decreased productivity and higher insurance costs.

Smoking Cessation in the Workplace: Comparing the Different Approaches

The three basic approaches are outlined in Section II: The Why, Who and What of Quitting Smoking. These approaches are compared in a chart format, including the pros and cons associated with each.

Checklist for Assessing Smoking Cessation Programs

This tool includes questions to consider when choosing a cessation program for your workplace. Both program content and program leaders are considered.

Evaluation Tool

This tool is a sample evaluation questionnaire employees can be asked to fill out after they participate in a group program. It can also be modified to gather feedback about other cessation activities offered in the workplace.

Employee Needs Assessment: Smoking Cessation in the Workplace

Part A – About You

1. I am (circle one): male female

2. My age is _____.

3. Which of the following describes you best?
(check one only)

- ☐ I am a non-smoker.
- ☐ I am an ex-smoker.
- ☐ I am a smoker who would like to quit.
- ☐ I am a smoker who does not want to quit.

Part B – Non-smoking Policies and Supports in the Workplace

4. Are you aware of the smoking policy in our workplace? (circle one)

Yes No

5. Do you know where smoking is permitted in our workplace? (circle one)

Yes No

If yes, please explain. _____

6. Do you know what cessation supports are available to employees? (circle one)

Yes No

If yes, please list the cessation supports you are aware of:

_____

_____

If you are a non-smoker, this completes the questionnaire. Thank you. If you are a current smoker please continue to question 7a and if you are an ex-smoker, please go to question 7b.

Part C – About Supporting People Who Want to Stop Smoking and Who Want to Stay Quit

7a. For smokers: Would you like to quit smoking?
(circle one)

Yes No

If yes, how soon? _____

7b. For ex-smokers: How long ago did you quit? _____

_____

8. How many times in the past year have you quit smoking for at least 24 hours? (circle one)

None One or more

9. Have you used any cessation supports in your previous attempts to quit smoking? (circle one)

Yes No

If yes, please describe the types of supports you have used (e.g., self-help materials, group cessation programs, quit-lines, doctor's advice, counselling from a pharmacist, use of nicotine gum, use of the patch, prescription for Zyban™, etc.) _____

_____

10. Would you participate in smoking cessation assistance that was offered through our workplace? (circle one)

Yes No

Not sure (please explain) _____

_____

11. What types of support and activities would you use to help you stop smoking or to help you stay smoke-free?
(check as many as apply)

- ☐ Group program offered on-site
- ☐ Group program offered off-site
- ☐ Brief, professional advice
- ☐ One-on-one counselling
- ☐ Quit medications (patch, nicotine gum, etc.)
- ☐ Self-help information (brochures, Web sites, etc.)
- ☐ Telephone quit-line
- ☐ Contests and challenges
- ☐ Health fairs
- ☐ Lunch and learn sessions
- ☐ Peer support
- ☐ 100 percent smoke-free policy in the workplace
- ☐ Other (please explain) _____

_____

12. What would stop you from participating in smoking cessation activities offered through our workplace?
For example, cost, time, family members or spouses not being able to participate, etc. Please explain.

_____

_____

Thank you for taking the time to complete this survey. This information will assist us in planning cessation activities and supports.

Estimating the Cost of Smoking in Your Workplace

Several formulas have been developed to estimate the cost of smoking to a business or organization. In 1995, the Conference Board of Canada estimated the annual cost as up to $2,565 for each employee who smokes, and this includes increased absenteeism, decreased productivity, and higher insurance premiums among other costs. You can estimate the costs associated with smoking and absenteeism, productivity and insurance premiums using the formulas below.

Increased Absenteeism

To calculate cost due to increased absenteeism, the difference between the annual number of sick days taken by smokers and non-smokers is multiplied by the average daily payroll cost. The annual cost of increased absenteeism per employee is based on the following formula:

$$\text{COST ABSENT} = (\text{DAYS EVER} - \text{DAYS NEVER}) \times \text{DAILY WAGE} \times (1 + \text{BENEFITS})$$

Legend

COST ABSENT =	annual cost due to increased absenteeism (in dollars per employee)
DAYS EVER =	average number of sick days taken annually by "ever" smokers (estimated to be 13.5 days)
DAYS NEVER =	average number of sick days taken annually by "never" smoke (estimated to be 11.7 days)
DAILY WAGE =	average daily wage (industrial composite: divide average weekly wage by 5 working days)
BENEFITS =	benefits paid by the employer on behalf of the employee (ratio: estimated at 15 percent of wages)

Decreased Productivity

The annual loss in productivity that results when employees leave their work area to have a cigarette is calculated by multiplying the time taken for cigarette breaks by the average wage. The average smoker consumes about 19 cigarettes per day. It is assumed that one-quarter of the cigarettes smoked during the course of a day (about five cigarettes) will be consumed during working hours. With one cigarette consumed during each of two breaks and one during lunch hour, this leaves two cigarettes smoked at times that are not designated break periods. In total, 15 minutes are required for each cigarette break. With two cigarettes smoked in non-designated break periods, a total of 30 minutes is lost to the smoking ritual each day. The annual loss in productivity that results when an employee leaves his work area to have a cigarette is calculated by the following formula:

$$\text{COST PROD} = \text{CIGS} \times \frac{\text{TIME}}{\text{MINUTES}} \times \text{WAGE AVERAGE} \times (1 + \text{BENEFITS}) \times \text{DAYS WORKED}$$

Legend

COST PROD =	annual loss in productivity (in dollars per employee)
CIGS =	average number of cigarettes smoked per day at work during non-designated break periods (2 cigarettes)
TIME =	time taken to smoke cigarette in minutes (15 minutes)
MINUTES =	number of minutes in an hour (60 minutes)
WAGE AVERAGE =	average hourly wage (industrial composite: divide average weekly wage by 5 working days)
BENEFITS =	benefits paid by the employer on behalf of the employee (ratio: estimated at 15 percent of wages)
DAYS WORKED =	number of days worked per year (days)

Increased Life Insurance Premiums

Employees who smoke file more claims, and over time this drives up the premiums employers pay; non-smoking employees file fewer claims and therefore reduce premiums. The speed at which the premiums increase or decline depends on the size of the organization. The higher cost of life insurance premiums due to the smoking employee is calculated by applying the average discount for individual policies (35 percent) taken from a sample of Canadian life insurance companies.

The formula for calculating the annual incremental life insurance premium between employees who smoke and non-smoking employees is:

$$\text{COST LIFE} = \frac{\text{PREMIUM AVERAGE} \times \text{EMPLOYER} \times \text{DISCOUNT}}{1 - \text{DISCOUNT} + \%\ \text{SMOKE} \times \text{DISCOUNT}}$$

Legend

COST LIFE =	annual loss in life insurance premiums (dollars per employee)
PREMIUM AVERAGE =	average group life insurance premium per employee, including both employer and employee contributions (dollars per employee)
EMPLOYER =	percentage of group life insurance premium paid by employer (ratio)
DISCOUNT =	average discount for non-smokers on individual life insurance (ratio)
% SMOKE =	percentage of the population that smokes (ratio)

(Source: Adapted from Smoking and the Bottom Line, The Conference Board of Canada.)

Smoking Cessation in the Workplace: Comparing the Different Approaches

As outlined in **Section II: The WHY, WHO and WHAT of Quitting Smoking in the Workplace** there are three basic approaches for smoking cessation supports in the workplace and a variety of options. Below is a chart comparing the various approaches by detailing the pros and cons associated with each. The gold standard for supporting smoking cessation in the workplace is to offer all three approaches and incorporate activities into a broader wellness initiative.

Approach	Pro	Con
Comprehensive Offering programs and activities at the workplace	• More accessible. • More flexible (e.g., can be offered at various times to accommodate shift and other workers). • Sends a strong message of commitment and support from employer. • Demonstrates employer's leadership. • May provide additional motivation. • Can be offered to spouses and family members. • Easy to target hard-to-reach groups. • Supports ex-smokers. • Can provide follow-up and support. • Can integrate cessation supports into existing workplace wellness initiatives. • Can build on existing tobacco control policies.	• High costs, in terms of financial and human resources. • Group programs may not suit all employees. • Extensive training may be required. • Does not allow for anonymity. • May not accommodate different levels of addiction and readiness to quit. • There may be more and broader expertise and resources in the community. • Focussing on smokers in the workplace may stigmatize them and decrease success rates.
Facilitated Working with outside agencies to deliver programs and activities off-site, and providing self-help materials	• Offers anonymity. • Makes use of external expertise, which means not "re-inventing the wheel" and ensures a level of expertise that may not exist within a workplace. • Employees can select the options that work best for them. • Some communities have a variety of options to choose from and many resources (especially larger centres). • Sends a message of commitment and support from employer.	• Less accessible. • May be high cost in terms of human resources at the outset. • Less flexible. • Less easy to tailor to specific workplaces. • There may be fees. • Finding acceptable options may be difficult.
Education and Information Providing employees with information including self-help materials	• Low cost. • Better than no support at all if this is all that can be done. • All workplaces can take this approach. • Offers anonymity. • Good option for highly motivated smokers.	• The quit rates are lower for self-help. • Education and information is not enough to change behaviour. • Lacks ongoing support. • Shows a lower level of support from employer. • Employees may not feel they are able to quit successfully on their own and this can be a barrier to action. • Follow-up is not possible.

Checklist for Assessing Smoking Cessation Programs

If you are going to establish an in-house program or partner with an outside agency, there are some factors you may want to consider:

- Can the program be offered at times and in locations that are convenient for your employees?
- Will the program suit your employees' personalities and styles of learning?
- Do the program leaders recognize that not all smokers are at the same stage in the quitting process? Can they modify their approach accordingly?
- Has the program been evaluated and does it have a proven (but not exaggerated) success rate based on a thorough three-and six-month follow-up?
- Is the program offered by or associated with a credible organization?
- Is there sufficient follow-up and support?

Consider asking the following questions about the program content and its leaders (the more "yes" answers the better).
Does the program:

- Help the smoker deal with the physical addiction of smoking?
- Incorporate the use of quit medications?
- Help the smoker deal with the psychological addiction of smoking?
- Help the smoker deal with the social nature of smoking?
- Prepare the smoker for a future without cigarettes?
- Reinforce the smoker's motivation to quit?
- Provide tips to control urges to smoke?
- Make use of the special support systems and other wellness activities in the workplace?
- Provide information about stress management, physical activity and nutrition?

Are the program leaders:

- Knowledgeable about behaviour change in general and smoking cessation in particular?
- Supportive and genuinely interested in helping people quit smoking?
- Do a reference check. Call other health organizations to ask about the program and speak with people who have participated in the program.

(Source: Adapted from Selecting Smoking Cessation Programs: A Manager's Guide, Health Canada.)

Evaluation Tool

1. How did you hear about the program?
(Please check all that apply)

- ☐ newsletter
- ☐ manager
- ☐ staff meeting
- ☐ email message
- ☐ bulletin boards
- ☐ word-of-mouth
- ☐ ccupational health and safety nurse or other health promoter in the workplace
- ☐ other (please explain) _____

2. What was your goal when you joined the group?
(check one only)

- ☐
- ☐ stop smoking
- ☐ reduce smoking
- other (please explain) _____

3. Did your goal change as you went through the program? (circle one)

Yes No

If yes, how did it change? Please explain. _____

4. Are you smoke-free today? (circle one)

Yes No

If yes, please skip to question 8; if no, please continue.

5. Why do you think you started smoking again or did not quit? Please explain. _____

6. Are you thinking about quitting smoking again?

Yes No

Within 1 year	Yes	No
Within 6 months	Yes	No
Within 6 months	Yes	No

7. Was the program offered at a time and location that were convenient? Please explain.

8. Which tools, techniques or resources did you find useful?
(Please check all that apply)

- ☐ group leader
- ☐ breathing/relaxation exercise
- ☐ positive self-talks
- ☐ handouts and self-help material (please specify) _____

- ☐ telephone quit-line
- ☐ group discussions
- ☐ contest
- ☐ buddy system
- ☐ quit medications (please list)
- ☐ other (please specify) _____

9. Is there anything you would suggest adding or changing about the program? _____

10. Was there anything else that you found helpful that was not part of the program? _____

11. How many sessions did you attend?
_____ **session(s) of** _____

12. What will you remember most about the program?

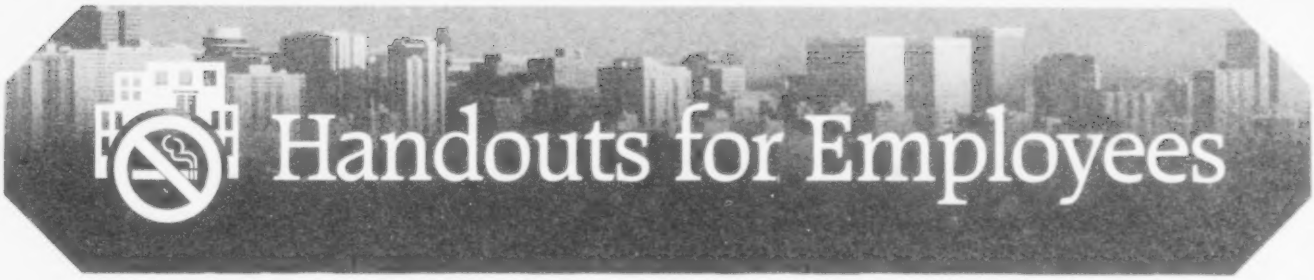
13. Would you recommend the program to other people?
(circle one)

Yes No

14. Would you be interested in volunteering to help with other cessation activities or workplace wellness initiatives?
If yes, on a separate piece of paper please write your name and phone number and give it to your group leader. (circle one)

Yes No

Thank you for completing this evaluation form. And congratulations on your decision to become smoke-free!
(Source: Adapted from Stop Smoking: A Program for Women.)



Handouts for Employees

These handouts are designed to provide employees with information about quitting smoking. They can be photocopied and distributed at meetings or through internal mail, posted on notice boards or put in pay envelopes.

Health Benefits of Quitting Smoking

This handout spells out the immediate and longer-term benefits of quitting smoking. It can be used to help motivate employees to take advantage of on-site or community-based smoking cessation programs and resources.

10 Ways to Help a Friend Quit Smoking

This handout describes 10 ways to help people who are in the process of becoming smokefree. It is intended to help increase support for employees who want to quit smoking.

Dealing with Withdrawal

This handout outlines the most common withdrawal symptoms and suggests ways of coping with them.

Dealing with Cravings

The times, places and situations that can trigger the urge to smoke are outlined as well as some strategies for coping with them. A sample daily record is included to help people keep track of their triggers and cravings.

Tips for Cutting Down or Quitting Smoking

This handout includes a list of quick tips to help people cut down or quit smoking and a table to fill out the advantages and disadvantages associated with quitting.

Slips and Relapse – Learning from Them and Getting Back on Track

The difference between a slip and a relapse are explained in this handout, as well as tips for coping with each and getting back on track. Also included are some ideas for developing a plan to prevent slips and relapse.

The Five Stages of Quitting

The five stages of quitting are outlined to allow smokers to identify where they are in the quitting process.

What Would You Buy?

This handout encourages people to figure out how much they will save when they quit smoking over days, weeks, months, and years. It also includes a section for them to fill out what they will buy with the money they will save.

Top 10 Reasons to Stop Smoking

A top 10 list of reasons to stop smoking, with space for people to add their own reasons.

Health Benefits of Quitting Smoking

Quitters immediately begin to reduce the risks of developing heart disease, cancer and breathing problems. Former smokers live longer than those who continue to smoke. For example, those who quit before age 50 have only half the chance of dying from a smoking-related disease in the next 15 years compared with those who continue to smoke.

Your body will start to heal within 24 hours of quitting...

20 minutes after quitting, your blood pressure drops to your pre-cigarette level.

8 hours after quitting, the carbon monoxide in your blood drops to normal and the oxygen level in your blood increases to normal.

24 hours after quitting, you lower your chances of having a heart attack.

48 hours after quitting, your sense of smell and taste improve and begin to return to normal.

In the months and years to come, your body continues to recover...

2 weeks to 3 months after quitting, your circulation improves and your lungs work better. (Try taking the stairs now!)

9 months after quitting, you experience less coughing, sinus congestion, fatigue and shortness of breath.

1 year after quitting, your risk of heart disease is about half of what it would have been if you had continued to smoke.

5 years after quitting, your risk of stroke is greatly reduced. Within 5 to 15 years after quitting, it becomes about the same as a non-smoker's risk.

10 years after quitting, your risk of dying from lung cancer is about half of what it would have been if you had continued to smoke. Your risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas also decreases.

15 years after quitting, your risk of heart disease is the same as a person who never smoked.

Over half the people who have ever smoked in Canada have quit.
You can too!

(Source: *Adapted from materials from Health Canada's www.gosmokefree.ca, the Program Training and Consultation Centre, and the Alberta Tobacco Reduction Alliance.*)

10 Ways to Help a Friend Quit Smoking

People who smoke need support and understanding when they are struggling to become smoke-free. Here are 10 ways you can help.

1. Ask how you can help. Make yourself available as much as possible, especially during the first few days.

2. Be patient. Most people who quit smoking experience physical and psychological withdrawal symptoms. These symptoms usually peak within 48 hours, but might last as long as four weeks. Be especially understanding during this time.

3. Listen. Don't preach or counsel; Just listen. Hostility and irritability can be a normal – and temporary – part of the withdrawal process. Encourage him to talk about his feelings.

4. Encourage her to seek help. Suggest she participate in smoking cessation activities at work or in the community and that she ask her doctor or the workplace nurse for help. Encourage her to use self-help materials available at work or from community agencies such as the Lung Association or the Cancer Society.

5. Help him avoid smoke and others who smoke as much as possible. Invite him to join you in activities that are not associated with smoking, such as walking, swimming, or going to theatres, libraries and department stores.

6. Offer practical support. Quitting can be very stressful. Offer to help minimize other pressures by taking her kids for a few hours or helping with difficult work situations.

7. Keep a supply of smoking substitutes on hand. People who quit smoking miss the satisfaction of handling and inhaling a cigarette. Keep a supply of gum, mints, toothpicks and straws on hand.

8. Be supportive if your friend has a relapse. Sometimes it takes five or more attempts before a smoker quits for good. Encourage your friend to build on what he has learned and to try again

9. Celebrate success. Help mark significant milestones such as three days, one week, or one month of being smoke-free. Send her a note of congratulations, take her out to lunch, send flowers.

10. Reinforce the benefits of staying smoke-free. Encourage your friend to use the money he has saved to purchase something special. Celebrate the health benefits by participating in a charity walk or run.

(Source: Adapted from materials from the Program Training and Consultation Centre and the Alberta Tobacco Reduction Alliance.)

Dealing with Withdrawal

When you stop smoking, your brain and body begin the process of healing themselves. At the beginning of the quitting process, some people experience symptoms of nicotine withdrawal, and this is part of the recovery process. For most people, withdrawal is at its worst one day after they stop smoking. It starts to get better after three or four days. After a week to 10 days, all withdrawal symptoms should be gone.

Because the symptoms are most intense in the first few days after you stop, this is when you are most likely to start smoking again. Therefore, it is important to find positive ways to cope. Your main task in quitting is to find a way to get through the first few days. If you do, you have a much better chance of succeeding for good.

If you expect your withdrawal symptoms to be severe, consider using a quit medication that does not require a prescription such as the nicotine patch or nicotine gum. Bupropion (brand name Zyban™) is a prescription medication that may help reduce withdrawal symptoms.

Here are some of the most common withdrawal symptoms and some ideas for coping with them:

Withdrawal symptoms	Suggestions for coping
Tension, irritability	Go for a walk, take deep breaths.
Depression	Use positive self-talk. Speak to a friend or family member. Speak with your doctor if your depression is intense or does not go away.
Headaches	Take a mild pain reliever.
Dizziness	Sit or lie down until it passes.
Trouble sleeping	Take a hot bath or do relaxation exercises before bed. Avoid caffeine. Do not nap during the day.
Difficulty concentrating	Avoid additional stress. Take a brisk walk. Break bigger projects into smaller tasks and take regular breaks.
Coughing	Drink plenty of water. Use soothing lozenges.
Hunger	Eat balanced meals. Eat healthy, low-fat snacks such as fresh fruit and vegetables. Drink plenty of water.
Constipation	Drink plenty of water. Eat high-fibre foods such as fruits, vegetables, and whole grain cereals.

(Source: Adapted from materials from Health Canada's www.gosmokefree.ca, Capital District Health Authority, Halifax and Department of Family and Community Medicine at the University of Toronto.)

Dealing with Cravings

There are times, places and situations that will trigger the urge to smoke, even after you have stopped feeling withdrawal symptoms. It is important to be aware of what triggers your cravings and have some strategies for coping with them.

Some common triggers include:

- coffee or alcohol;
- other people smoking;
- first thing in the morning;
- after school or work;
- talking on the phone;
- driving in the car;
- after eating;
- at parties;
- stress;
- anger;
- feeling lonely or sad;
- feeling bored.

Try using the 4 Ds

- Drink plenty of water – between 6 and 8 glasses per day.
- Delay for 5 to 7 minutes. The urge should pass.
- Do something else.
- Deep breathing.

Daily Record

Keep a daily record form, using it to keep track of:

1. what happens to you around cigarettes;
2. what makes you crave a cigarette;
3. what you do to follow your quitting plan.

Tips for Keeping Track

- Write things down when they happen, not later.
- Be accurate. Try to write down the details every time a situation happens.
- Keep your notes simple. Filling the form out has to fit in with your usual habits.

Here's an example of the information you can collect to help you with your plan.

Trigger	Behaviour/Actions/Thoughts/Emotions	Consequence
When did it happen?	Did you resist the urge to smoke? What did you do? Did one of your strategies work?	What happened as a result?
Who was there?	If you gave into the urge, describe what happened. Did you have more than one?	Was it pleasant or unpleasant?
What were you doing?	What did you say to yourself?	How did you feel?
What were you saying to yourself?	What were you thinking?	What did you say to yourself?
What were you thinking?	What were you feeling?	What did you think after?
What mood were you in?	What did you do?	How do you feel about what you did?

Daily Record

Trigger	Behaviour/Actions/Thoughts/Emotions	Result

Date: _____

Other ways to cope with cravings include:

- In the short term, stay away from social situations where others will be smoking, and ask friends not to smoke around you.
- Keep your home, car and workplace smoke-free.
- Avoid alcohol and coffee. Choose water or fruit juices instead.
- Change your routine when you get up in the morning.
- Get up immediately after you eat and brush your teeth if it helps.
- Try to avoid situations that you find stressful.
- Continue to visualize yourself as a non-smoker.
- Remind your family and friends that you have quit smoking and you need their support.
- Remind yourself of why you quit smoking and the positive things you have experienced since you have quit. Remind yourself you can do it.
- Go for a walk or do some other physical activity.
- Reward yourself for not smoking by going to a movie or buying yourself a treat.
- Chew on a toothpick, chew gum or munch fresh veggies.
- Do an activity that will take your mind off your craving, such as playing cards, listening to music, doing a crossword puzzle, doodling or watching TV.

(Source: Adapted from Health Canada's www.gosmokefree.ca, Capital District Health Authority, Halifax and Department of Family and Community Medicine at the University of Toronto.)

Tips for Cutting Down or Quitting Smoking

Use the following for-and-against list to outline the short-and long-term advantages to quitting smoking. In one column write down the advantages for smoking and in the other your reasons for quitting. Keep in mind the advantages and disadvantages to your health, family, friends, finances, self-esteem, and emotional well-being. Refer to the list from time to time to remind yourself of why you are quitting.

Advantages of Quitting

Short-Term Advantages of Quitting	Long-Term Advantages of Quitting
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Disadvantages of Quitting

Short-Term Disadvantages of Quitting	Long-Term Disadvantages of Quitting
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Other tips for cutting down or quitting smoking

- Write down your plan for quitting, which can include your reasons, potential pitfalls, stages of progress, and how you'll deal with temptations.
- Think positively, especially by focusing on one day at a time and on each of your achievements.
- Be sure to ask for help and support from those around you. Having at least one friend you can count on and share your feelings with may improve your chances of quitting for good. If your partner smokes, see if you can encourage him or her to join you on your journey.
- Decide whether you're going to quit cold turkey or gradually, and what kind of professional support services you want to use, if any. You may want to consider counselling, group programs or nicotine replacement therapies.
- Learn about and prepare yourself for possible withdrawal symptoms.
- If you slip, don't be too hard on yourself. Keep focused on sticking to your quit plan. Look at what triggered the lapse and figure out how to handle it differently next time. A slip or two does not mean you've failed in your effort to quit.
- Don't worry about weight gain, it doesn't happen to everyone and is often insignificant when it does. Control it by sticking to the same diet you usually eat, choosing low-calorie snacks, and by increasing exercise and physical activity.
- If you experience cravings, try the four Ds: Drink water, Delay, Do something else, and Deep breathing.

If you believe you're someone who smokes to deal with stress, look into new ways of coping; there are many. Tips for dealing with stress can be found on Health Canada's Web site www.gosmokefree.ca.

(Source: Adapted from Health Canada's www.gosmokefree.ca.)

Slips and Relapse – Learning from Them and Getting Back on Track

Slips

A slip is when you have a cigarette or two after you have quit smoking. It is not uncommon for people who are trying to quit to have an occasional slip. Because smoking can be so automatic, you may not even be consciously aware that you've smoked until after you've finished.

A slip or two does not mean that you have failed. If you slip, the best thing to do is to keep it minor, and go back to quitting as soon as you can. Look at what led up to the slip and figure out how to handle it differently next time. A slip will not prevent you from quitting successfully – you just have to get back on track.

Tips for preventing slips:

- Reinforce why you want to quit.
- Continue positive self-talk; do not get discouraged.
- Get help and support from friends.
- Ride out the temptation; the urge passes quickly.
- Look at what caused you to smoke and how you plan to get back on track.
- Develop a plan to deal with the situation in the future.

Relapse

A relapse is when you start smoking again on a regular basis. A relapse will not prevent you from quitting successfully. Quitting smoking is a process and most people make more than one quit attempt before they quit for good. Don't feel discouraged. As long as you learn something positive with each quit attempt, you will be further ahead than before you made the attempt. Relapse only becomes a negative thing if you let it get you down.

How to overcome relapses:

- Do not beat yourself up.
- Think of the relapse as a learning experience and one more step in your journey to becoming smoke-free.
- Be proud of the time you were smoke-free.
- Start planning a new quit attempt right away, including developing a plan to prevent relapse.

Plan to Prevent Slips and Relapse

The key to staying smoke-free is to be aware of the people, places, situations, thoughts, and emotions that trigger you to smoke. Then plan ahead what you will do to cope with each trigger. You may have to keep thinking about your triggers for a long time after you quit because some situations, especially unexpected ones such as crises, can catch you by surprise. If you figure out ahead of time how you will deal with difficult situations, you are more likely to stay quit.

This is how it works

Identify your high-risk situations.

Identify ways you could cope with each trigger situation and write it down. Keep this as a written action plan. Try to think of a three-way strategy for each situation:

1. **What will you tell yourself?** It helps to have this written on a small card that you carry with you.
2. **Who will you ask for help and what type of help can you ask for?**
3. **What will you do?**

Rehearse each situation ahead of time so it doesn't feel awkward. Rehearsing puts your coping plan in the front of your mind.

Review the plan often to keep it fresh in your mind.

When you find yourself in the trigger situations, put your plan into action.

Write down what happened and how you did with a daily record form (refer to the Dealing with Cravings handout for an example of a daily record form). If you resist the urge to smoke using your plan, your confidence will go up and you will know what strategies work for you. If you can't resist the urge to smoke, review what happened and revise your plan to deal with the difficulties.

(Source: Adapted from materials from Health Canada's www.gosmokefree.ca and Capital District Health Authority.)

The Five Stages of Quitting

Quitting usually happens in five stages. People can move from one stage to another in order, but they can also move back and forth between the various stages before they quit for good. Again, a slip is not a failure, but an important part of the learning and quitting process. Most smokers try to quit several times before they succeed and the chance of success increases every time they try to quit. What stage are you at?

Stage One (Pre-contemplation): I'm not thinking about quitting, at least not in the next six months. In this stage, you may feel it is hopeless to even think about trying to quit smoking. You may even feel your smoking is not a problem.

Stage Two (Contemplation): I'm thinking about quitting someday, but not right now. In this stage, you know that you have a behaviour you wish to change and are trying to figure out how to do that.

Stage Three (Preparation): I want to quit within the next month or two, and I want to know more about how to do it. By now, you are ready to plan your quit program and to set a specific quit date.

Stage Four (Action): I have just quit and I am going through withdrawal. My body is reacting in uncomfortable ways. This can be a tough stage. You may have been through withdrawal before but started smoking again. Hang in there. If you do slip and have a puff, just forget about it and continue with your plan to quit.

Stage Five (Maintenance): I have quit smoking and I want to know more about how to never smoke again. Some people find this the hardest stage of all. You've reached your goal, but you have to really work at staying smokefree for good.

(Source: Adapted from Health Canada's www.gosmokefree.ca.)

What Would You Buy?

What would you do with the money you would save if you quit smoking? Use the chart below to figure out what you would buy if you did not buy cigarettes for the next 10 years. In the second column put in the amount you spend on cigarettes starting at 1 day and ending with 10 years. For example, if you smoke one pack a day and each pack is $7.00, in one day you would save $7.00, in one week you would save $49.00 ($7.00 x 7 days) and in one month (4 weeks) you would save $196.00 ($49.00 x 4 weeks).

If you and your partner both smoke, fill out the table for both of you to see what you could buy if you combined your cigarette money.

Time	Amount spent on cigarettes	What would you buy?
1 day		
1 week		
2 weeks		
3 weeks		
4 weeks (1 month)		
2 months		
3 months		
4 months		
5 months		
6 months		
1 year		
2 years		
5 years		
10 years		

(Source: Adapted from Health Canada's www.gosmokefree.ca.)

Top 10 Reasons to Stop Smoking

1. **Better health**. Improved health is the number one reason to quit smoking. As soon as you quit your body starts to heal itself.

2. **Better breathing**. Smoking affects your breathing – the longer you smoke the harder it is to breathe.

3. **Personal appearance**. Quitting will improve personal appearance by reducing bad breath, yellow teeth and fingers, and prematurely aging skin.

4. **Role model for children**. Be a positive role model for your own children, and for everyone else's children.

5. **No more second-hand smoke**. If you quit smoking you will help protect your friends and family from the dangers of second-hand smoke.

6. **Better smell**. When you quit smoking, your sense of smell will increase and everything will smell better – including yourself, your house and your car.

7. **Fewer places to smoke**. With increased smoking restrictions in public places, including workplaces, there are fewer places to smoke these days.

8. **Smoking is expensive**. You will save hundreds or thousands of dollars each year if you quit smoking.

9. **Smoking is a fire hazard**.

10. **It is never too late to quit smoking**. If you have tried to quit before, take this as a positive sign, not a failure. It often takes several quit attempts to quit for good – each time you try to quit smoking you are closer to your goal. Keep trying and don't get discouraged!

Add your own reasons for quitting smoking to the list:

1.

2.

3.

4.

5.

References

This section includes a list of many of the documents that were part of the literature review that guided the development of this resource. They are organized according to topic for ease of reference.

Health Canada References and Resources

Health Canada provides a variety of resources and reference materials around tobacco control issues including policy information and cessation resources for individuals and professionals. The Canadian Tobacco Use Monitoring Survey (CTUMS) provides timely, reliable and continual data on tobacco use and related issues, including changes in smoking status. Also refer to Section IV: Resources for other Health Canada resources.

1994 Youth Smoking Survey: Technical Report – Chapters 9 and 10. Ottawa: Department of Public Works and Government Services Canada. Health Canada, 1997.

Toward a Healthy Future Second Report on the Health of Canadians. Ottawa: Department of Public Works and Government Services Canada. Health Canada, 1999.

Canadian Tobacco Use Monitoring Survey (CTUMS). www.gosmokefree.ca/ctums

Towards a Healthier Workplace: A Guidebook on Tobacco Control Policies. Ottawa: Department of Public Works and Government Services Canada. Health Canada, 2003.

A "how-to" for health and business success. HealthWorks. Health Promotion and Programs Branch, Health Canada, 1999.

Health Canada. *Literature Review: Evaluations of Workplace Health Promotion Programs*. Health Promotion and Programs Branch, Population Health Directorate, Adult Health Division, Health Canada.

Health Canada. *Program Evaluation Manual. Key Issues and Strategies for Evaluating Your Workplace Health Promotion Program*. Workplace Health System, Health Promotion and Programs Branch, Population Health Directorate, Adult Health Division, Health Canada.

The Desire to Quit Smoking and Cessation Activities at Work

The following resources provide information around who wants to quit smoking and the desire for cessation support at work. Also refer to the above section for Health Canada resources for additional information.

Canadian Fitness and Research Lifestyle Institute (1995). *Smokers interested in workplace quitting programs*. Lifestyle Tips. www.cflri.ca

Millar, W. (1997). Reaching smokers with Lower Educational Attainment. *Canadian Social Trends*, Summer:18-23.

Moskowitz, J. (2001). The Impact of Smoking Ordinances in California on Smoking Cessation. *American Journal of Public Health*, 90: 757-61.

The Case for Supporting Cessation in the Workplace

The following references outline the key reasons for supporting smoking cessation in the workplace, including better health, reduced costs, better business, employee satisfaction, effectiveness and a positive image.

Bialous, S. and S. Glantz (1997). Tobacco Control in Arizona. Institute for Health Policy Studies, University of California. Access date: 8 August 2001.

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Canadian Lifestyle and Research Institute (1995). Kicking the Habit at Work. *The Research File*. Reference No. 95 – Supplementary.

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Cancer Care Nova Scotia (date unknown). *Cost of Tobacco in Your Workplace*. Cancer Care Nova Scotia: Halifax.

Center for Prevention and Health Services (2003). *Reducing the Burden of Smoking on Employee Health and Productivity*. Issue Brief, Volume 1, Number 5.

Doll, R., R. Peto, K. Wheatley, et al. (1994). Mortality in relation to smoking: 40 years' observations on male British doctors. *British Medical Journal*, 309:901-911.

Henningfield, J., R. Fant, J. Gitchell, et al. (2000). Tobacco dependence. Global public health potential for new medications development and indications.

Moher, M., K. Hey, and T. Lancaster (2004). Workplace Interventions for Smoking Cessation (Cochrane Review). *Cochrane Library*, Issue 1.

Professional Assisted Cessation Therapy (PACT) (2003). *Employers' Smoking Cessation Guide. Practical Approaches to a Costly Workplace Problem.* Second edition. www.endsmoking.org

Single, E., L. Robson, X. Xie, J. Rehm, et al. (1996). *The Costs of Substance Abuse in Canada – Highlights.* Ottawa: Canadian Centre on Substance Abuse.

Workers Compensation Board of British Columbia (WCB) (1999). *Lost Lives: Work-Related Deaths in British Columbia*, 1999. www.worksafebc.com

World Bank Health, Nutrition and Population Web site at World Bank Group, Health, Nutrition and Population (2002). *Smoke-free workplaces.* [Fact sheet]
www1.worldbank.org/tobacco/AAGpercent20smokefree9620.workplaces.pdf

Legislation Across the Country

This report reviews legislative protection from second-hand smoke in federal and provincial jurisdictions.

Collishaw, N. and H. Meldrum (2003). *Protection from Second-Hand Smoke in Canada: Applying Health Science to Occupational Health and Safety Law.* Ottawa: Physicians for a Smoke-Free Canada.

The Cost of Implementing Cessation Activities in the Workplace

The following references outline some of the costs associated with implementing smoking cessation activities in the workplace.

Borland, R., S. Chapman, N. Owen, et al. (1990). Effects of workplace smoking bans on cigarette consumption. *American Journal of Public Health*, 80(2); 178-180.

Canadian Lung Association (Summer 1999). Beyond the Smoke-Free Workplace. *Secondwind.*

Conference Board of Canada (1997). Smoking and the Bottom Line: *The Costs of Smoking in the Workplace.* Ottawa, ON: Conference Board of Canada.

DePaul, J.L., T. Lesowitz, et al. (1989). A Worksite Smoking Cessation Intervention Involving the Media and Incentives. *American Journal of Community Psychology*, 17:785-99.

Depaul, J.L., S. McMahon, D. Salina, et al. (1994). Assessing a Smoking Cessation Intervention Involving Groups, Incentives, and Self-help Manuals. *Behavior Therapy.* 26:393-408.

Erfurt, J., A. Foote, M. Heirich, et al. (1991). Worksite Wellness Programs: Incremental Comparison of Screening and Referral Alone, Health Education, Follow-up Counselling, and Plant Organization. *Journal of Occupational Medicine*, 33:962-70.

Jeffery, R., D. Hennrikus, H. Lando, et al. (1993). The Smoking Cessation Process: Longitudinal Observations in a Working Population. *Preventive Medicine*, 24:235-244.

Moher, M., K. Hey, and T. Lancaster, (2004). Workplace Interventions for Smoking Cessation (Cochrane Review). *Cochrane Library*, Issue 1.

Windsor, R. and J. Lowe (1989). Behavioral Impact and Cost Analysis of a Worksite Self-Help Smoking Cessation Program. Progress in Clinical and Biological Research, 293:231-242.

Benefits to Workplaces

The following resources outline some of the benefits to workplaces that offer smoking cessation supports to their employees. Also refer to the above section on Health Canada references and resources for further information.

Professional Assisted Cessation Therapy (PACT) (2003). *Employers' Smoking Cessation Guide. Practical Approaches to a Costly Workplace Problem*. Second edition. www.endsmoking.org

The Hartford Loss Control Tips, Smoking Cessation: Worksite Programs www.thehartford.com/corporate/losscontrol

Workplaces as Effective Settings

The following resources explain why workplaces are an ideal setting for helping people quit smoking.

Centres for Disease Control (2000). *Work, Smoking, and Health: A NIOSH Scientific Workshop*. Washington: Centres for Disease Control.

Moher, M., K. Hey, and T. Lancaster (2004) Workplace Interventions for Smoking Cessation (Cochrane Review). *Cochrane Library*, Issue 1.

Cessation Interventions, Including Approaches and Options

The following resources highlight important issues to consider when implementing cessation activities, and outline the available options and approaches.

Centres for Disease Control (2000). *Work, Smoking, and Health: A NIOSH Scientific Workshop*. Washington: Centres for Disease Control.

Coleman, T. (2004). ABC of Smoking Cessation, Use of Simple Advice and Behavioural Support. *British Medical Journal* Clinical Review, 328:631-633.

Grigg, M. and H. Glasgow (2003). Subsidised nicotine replacement therapy. *Tobacco Control*. 12:238-239.

Henningfield, J. (2000). Tobacco dependence treatment: scientific challenges; public health opportunities. *Tobacco Control, 9*(Suppl 1): i3-i10 (Spring)

Lancaster, T. and L. Stead (1999). Review: self-help interventions alone minimally increase smoking cessation rates. *Evidence-Based Nursing,*. 2(3): 80.

U.S. Department of Health and Human Services, Centres for Disease Control and Prevention, Office on Smoking and Health (1996). *Making your Workplace Smoke-Free: A Decision Maker's Guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centres for Disease Control and Prevention, Office on Smoking and Health.

Establishing Cessation Activities

This section includes further information around establishing cessation activities in the workplace including design steps and successful intervention strategies.

Center for Prevention and Health Services (2003). *Reducing the Burden of Smoking on Employee Health and Productivity*. Issue Brief, Volume 1, Number 5.

Professional Assisted Cessation Therapy (PACT) (2003). *Employers' Smoking Cessation Guide. Practical Approaches to a Costly Workplace Problem*. Second edition. www.endsmoking.org

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U.S. Office of Personnel Management (date unknown). *Guidance on Establishing Programs Designed to Help Employees Stop Smoking*. www.opm.gov/ehs/smokgud3.asp

Tailoring Cessation Efforts to Different Workplace Settings

The following resources include information on tailoring cessation activities to different workplace settings. Also refer to the above section on Health Canada references and resources for further information, including Canadian Tobacco Use Monitoring Survey and Towards a Healthier Workplace: A Guidebook on Tobacco Control Policies.

Ashley, J., J. Eakin, S. Bull, et al. (1997). Smoking Control in the Workplace: Is Workplace Size Related to Restrictions and Programs? *Journal of Occupational and Environmental Medicine*, 39(9): 866-873.

Canadian Centre for Occupational Health and Safety (2002). www.ccohs.ca/oshanswers/psychosocial/ets_resolutions.html